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Approved for use through 06/30/2008. OMB 0651-0031

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FORM**

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Total Number of Pages in This Submission

Application Number 10/042,236

Filing Date 01/11/2002

First Named Inventor George Halow

Art Unit 3626

Examiner Name Rachel L. Porter

Attorney Docket Number 15345.4002

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Return Receipt Postcard	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Strasburger & Price, LLP		
Signature			
Printed name	Alan R. Thiele		
Date	6/18/08	Reg. No.	30,694

CERTIFICATE OF TRANSMISSION/MAILING

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**REVOCATION OF POWER OF
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 NEW POWER OF ATTORNEY
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 CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/042,238
Filing Date	01/11/2002
First Named Inventor	George Halow
Art Unit	3626
Examiner Name	Rachel L. Porter
Attorney Docket Number	15345.4002

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

64004

☒ Please change the correspondence address for the above-identified application to:

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 Individual Name

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

George M. Halow MD

Date

06/11/08

Telephone

(915) 583-6844

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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